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## APPLICANTS

Maria Acelia Marrero Miragaya, Ciudad de la Habana, CUBA;  
 Ana Aguilera Bareto, Ciudad de la Habana, CUBA;  
 Lisette Gonzalez Chavez, Ciudad de la Habana, CUBA;  
 Eduardo Martinez Diaz, Ciudad Habana, CUBA;  
 Beatriz Torrez Cabrera, Ciudad Habana, CUBA;  
 Carelia Cosme Diaz, Ciudad de la Habana, CUBA;  
 Milesa Yeni Sarmiento Mayea, Ciudad Habana, CUBA;  
 Luciano Francisco Hernandez Marrero, Ciudad de la Habana, CUBA;  
 Beatriz Tamargo Santos, Ciudad Habana, CUBA;

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/CU03/00020 12/22/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

CUBA 2002-0336 12/27/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CUBA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Allowance <i>Shneiderman</i> Examiner's Signature	<i>sm</i> Initials			

## ADDRESS

23869

## TITLE

Formulations for the rectal administration of thrombolytically-active agents

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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